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| SERIAL NUMBER<br>10/760,520 | FILING DATE<br>01/21/2004<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3739 | ATTORNEY<br>DOCKET NO.<br>06530.0309 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/28/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MA | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>68 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br><i>Thao H. Ho</i><br>Examiner's Signature  | <i>MK</i><br>Initials     |                        |                       |                            |

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## TITLE

ENDOSCOPIC DEVICE HAVING SPRAY MECHANISM AND RELATED METHODS OF USE

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1720 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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